

What Makes Life Grievable? Discursive Distribution of Vulnerability in the Pandemic

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Abstract: This article examines Judith Butler’s concepts of vulnerability and grievability in the context of the COVID-19 pandemic and biopower practices introduced in the name of the protection of the people. An analysis of the elite political discourse in Czechia, Germany, Great Britain, and Slovakia in the first three months of the pandemic explores how vulnerability was constructed and distributed among the respective populations. We identified two prevailing discursive frames – science and security. Within the first, vulnerability was constructed in terms of biological characteristics, rendering elderly, disabled, and chronically ill bodies as already lost and ungrievable. Within the security frame, Roma or migrant populations’ vulnerability to the virus has been discursively shifted into being seen as a threat, while vulnerability itself was recognized more as a feature of institutions or society. Thus, despite the claims that ‘we are all in this together’, the pandemic has exposed how our vulnerability and interdependency are embedded within existing social structures.

Keywords: COVID-19, vulnerability, precarity, grievability, pandemic politics.

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The COVID-19 pandemic revealed our vulnerability. Anyone could get infected and everybody has been constantly reminded about the risk through daily reports of new cases of infections and deaths. States have taken measures that were unprecedented – borders, schools, shops, and many working places were closed, and people were required to stay at home whenever possible – all to ‘protect and save human lives’.

However, even though anyone could get infected, the pandemic has also shown that some types of people were more likely to get sick, had more severe symptoms, or died from the virus more often. Since the very beginning, the World Health Organisation (2020a) has defined the so-called ‘most vulnerable’ or ‘at risk’ groups: elderly people

and people with medical preconditions. Gradually, further information about affected populations started to emerge. Up to half of COVID-19 related deaths have been related to long-term care facilities, and the figure was 80% in some high-income countries (WHO 2020b). Persons with disabilities, who already face social and employment exclusion, face higher risk of losing their job and experience greater challenges in returning to work (UN 2020). For a third of the Roma people in the EU, the precautionary measures, such as washing hands with warm water, pose a challenge (EC 2020). Poor working conditions of seasonal migrant workers across industries in the Western European countries, such as Italy, Germany, Great Britain, the Netherlands, Spain, and Sweden, have resulted in numerous coronavirus outbreaks and affected thousands of workers (Schneider – Götte 2020). The pandemic thus has had a more devastating impact on some populations than others not only in terms of a higher risk to their health and lives but also in terms of their social, political, and economic safety and wellbeing.

Even though the term vulnerability has been used to describe a particular characteristic that makes people more susceptible to the virus, this term also represents an analytical and theoretical concept that has been elaborated in the past years by various scholars (see Cole 2016). The work of Judith Butler (e.g. 2004, 2016a, 2016b, 2020c) provides one of the most important contributions to the theoretical elaboration of vulnerability. Butler challenges the understanding of vulnerability as a characteristic intrinsic to a particular body, human or population. According to her, a human body is never vulnerable by itself but always vulnerable to something – a person, situation, or social structure – that can injure or destroy the body or, on the contrary, protect it and make it flourish (Butler 2020c). The degree to which human bodies are exposed to risk of loss is not distributed equally among different populations. *“Lives are supported and maintained differently, and there are radically different ways in which human physical vulnerability is distributed across the globe. Certain lives will be highly protected, and the abrogation of their claims to sanctity will be sufficient to mobilize the forces of war. Other lives will not find such fast and furious support and will not even qualify as ‘grievable’”* (Butler 2004: 32). The different distribution of vulnerability and the distinction between grievable and ungrievable lives follow the structural and systemic power relations – systemic racism, sexism, and capitalism create such relationships that put some people at a risk of loss, often in favour of a better protection of the lives of others (Butler, 2020b, 2020c).

With our analysis, we would like to contribute to this growing interest in using the concepts of vulnerability, precariousness, and precarity in studies of politics and international relations, as well as in critical studies of the COVID-19 pandemic. In doing so, we would also like to register important connections to scholarly work done in critical IR studies on issues of global health, securitization of infectious diseases, and the politics of pandemic prevention.

Critical IR scholars have noted how politics of global health are constructed and securitized (Davies 2010; McInnes – Lee 2017; Nunes 2014, 2020; Wenham 2019), and in particular how health and infectious diseases have come to be framed as security issues (Davies 2008; Ingram 2005; Kamradt-Scott 2015; Kamradt-Scott – McInnes 2012; Rushton 2011; Weir – Mykhalovskiy 2010) with the concomitant ‘medicalization of security’ (Elbe 2011). IR scholarship has also recognized vulnerability as an aspect of *“the very nature and embedded norms of international society”* (Clark 2013: 2). Our vulnerability, though presumed to be shared by all equally, can be either reduced or aggravated by the fact of how international society’s norms and rules are set up. Clark (2013) notes how the international regimes tasked with management of violence, climate change, human movement, and global health impact who is made more vulnerable and how. In the case of global health, he notes how *“international society [...] has encouraged particular ways of thinking”*, promoting *“a biomedical approach that, by itself, can be insensitive to its social dimensions”* (Clark 2013: 12).

Framing new but also re-emerging infectious diseases through the prism of risk-management of global health security may be appealing for its semblance of scientific objectivity. However, McInnes and Roemer-Mahler (2017) have noted that this does not extricate it from challenges of politicized value judgements. Instead, by focusing on future disasters and potential technological fixes it can neglect existing health problems and their socio-economic roots. This recalls Rushton's earlier observation (2011) of how the regimes of health security have focused on containment rather than prevention. Viewing the related diseases primarily in terms of risks to both global public health and national economic security has led to 'emergency vigilance' (Weir – Mykhalovskiy 2010) and the design of 'preemptive forms of control' where both the states and the World Health Organization have framed their policy response through a discourse of preparedness (Sanford et al. 2016; Hanrieder – Kreuder-Sonnen 2014). The result of such a framing is that diseases are separated from the socio-economic contexts in which they appear. It also risks dictating a biopolitical scope of democratic action that *"legitimatiz[es] the current social and economic order, by naturalizing it"* (David – Le Dévédec 2019: 367).

It is with these considerations in mind that we wish to examine how vulnerability and grievability have been constructed in the elite political discourse during the first three months of the pandemic in four European countries – the Czech Republic, Germany, the Slovak Republic, and the United Kingdom. Identifying the dominant discursive frames as the frames of science and security, we explore what criteria have been used to construct an individual or collective body as vulnerable; whether the elite political discourse was able to recognize the situatedness of vulnerability within the social, political, and economic relations; and how certain vulnerable populations were rendered ungrievable.

THE NEXUS OF VULNERABILITY, PRECARIOUSNESS, PRECARIETY AND GRIEVABILITY

Judith Butler's philosophical project posits an ethical subject that is both 'discursive' and 'material' and she uses this material/ontological fact of human life to ground her claim for equal treatment of all humans (Hekman 2014). An embodied subject is also at the centre of pandemic discourses – vulnerable bodies, management of bodies, and counting, shielding, and healing of bodies. While the context of disease incites a predominantly biological understanding of bodies, in this text we conceptualize bodies as historically and politically created and produced through a process of materialization. This materialization of the body is a process consisting of a variety of practices that create a sense of a 'natural' body (Butler 1993). We see the anti-pandemic measures as well as the pandemic discourses as part of such practices that produce 'the vulnerable bodies' they aim to shield and protect. In other words, we adopt the concept of performativity as *"the aspect of discourse that has the capacity to produce what it names"* (Butler 1993: 33). However, this is not a one-way project. Bodies are not stripped of their agency, as the practices of materialization are formed in relation to bodies (Wilcox 2015). Bodies that tend to be seen as managed, hurt, lost, and saved in the pandemic are *"deeply political bodies, constituted in reference to historical political conditions while at the same time acting upon our world"* (Wilcox 2015: 3).

Within the theoretical framework developed by Butler over time, bodies are not separate 'units' and embodied subjects cannot be considered as autonomous individuals. Following up on the previous feminist scholarship (e.g. Adriana Cavarero or Carole Pateman), the interdependence and vulnerability of human bodies serve as a core assumption.¹ This allows Butler not only to avoid essentializing particular groups or identities, but also to challenge the prevailing liberal notions of sovereign individuals constructed in the story about the state of nature – the political theory narrative about a prehistory of social and economic life (Petherbridge 2016; Butler 2020c). This fantasy, according to Butler (2020c), wipes out the social bonds between people and the very condition of (not only) human

existence which is dependency and interdependency. Living beings rely on social and material structures as well as on each other. Bodies are exposed; they all can be injured or killed, which means people are bound to others in their vulnerability (Wilcox 2015). In the time of the COVID-19 pandemic, one's breath can clearly mean danger to others (Butler 2020b), which provides a new background for rethinking the individual self and boundaries of the body. Moreover, this experience of the mutual interdependence and vulnerability invites us to build relations based on empathy (Petherbridge 2016) and care.

The vulnerability scholarship has flourished over the last years (cf. Brown et al. 2017; Cole 2016), which can be attributed to several factors: the events of 9/11 and the subsequent wars, the current economic structures and labour relations, the intensified migration and refugee crises, as well as the failed international responses these engendered (Cole 2016). Even more writings on vulnerability can be expected to come in the context of the pandemic. While Butler's work on precarious life helped initiate a great deal of these discussions, her account of vulnerability is specific in at least three ways: in terms of the careful distinction between vulnerability and precarity; regarding the considerations of the power dynamics in the process of signification of 'the vulnerable'; and in seeing vulnerability as 'a portal' to political actions and resistance (Butler 2020b).

In Butler's work, vulnerability is conceptualized as ontological rather than historical, but as an ontology it needs to be understood within the context of social and political relations (Lorey 2015). Vulnerability is not a subjective state, an attribute of a subject, or part of an (individual or collective) identity. Vulnerability is rather an inevitable feature of shared or interdependent lives; it is a feature of social relations (Butler 2020c: 46): *"Perhaps we can say that we are vulnerable to those environmental and social structures that make our lives possible, and that when they falter, so do we."* Isabell Lorey (2015) goes beyond Butler and claims that this fundamental social dependency highlights the significance of care and reproductive work, which is specifically relevant in the context of a pandemic. Beings are not able to survive without care, protection, and security.

Precariousness is a narrower concept than vulnerability. Precariousness refers to the inevitability of our death, fragility, and insecurity related to an absence of control.² The consequence of precariousness is the possibility of loss – loss of life or loss of physical and emotional or psychological features (e.g. food, bodily safety, integrity, dignity), whereas the consequence of increased vulnerability is indeterminate (Butler 2016a; Gilson 2014). Precariousness is a condition of living beings; vulnerability is a condition applicable to systems or institutions. Vulnerability in Butler's work indicates a more pervasive instability and uncertainty and can lead to insecurity and destabilization. Vulnerability is also a condition that is not limited to life, as is the case for precariousness (Gilson 2014).

Shared precariousness – similarly to vulnerability an essential feature of life itself – is distributed unequally. The enduring dependency of all beings on social and economic forms of support for life implies that we are exposed to a certain vulnerability when we are left unsupported. *"When there is nothing to depend upon, when social structures fail or are withdrawn, then life itself falters or fails: life becomes precarious"* (Butler 2016a: loc. 642–643). Certain populations suffer more from the absent or failing infrastructures characterizing social, political, and economic lives and become differentially exposed to harm, violence, and death (Butler 2016a, 2016b). This politically induced condition is what Butler calls precarity (2004, 2016a, 2020c). It can be understood as an effect of the social, political and legal regulations that are supposed to protect against general precariousness (Lorey 2015); it *"emerges because lives are perceived through the lens of certain dominant frames"* (Gilson 2014: 45).³

The COVID-19 pandemic has put in stark relief our shared human vulnerability and the unequal distribution of precariousness as well as precarity. While all people are vulnerable – at potential risk of getting the virus, some populations are in more precarious conditions as they face more serious consequences of the illness, such as people

with medical preconditions. The consequences of the illness itself and of the anti-pandemic measures differ for populations whose situation mirrors a failing social system, such as homeless people or women experiencing intimate partner violence. Such differences illustrate the unequal distribution of precarity among populations.

However, many of these precarious conditions have not been recognized as such. Certain lives are highly protected against the virus, but this level of protection can change over time and under the economic and political circumstances. Other lives have been less valued or have not been recognized as lives at all and we see them being left to die (Butler 2020a, 2020b). What we are interested in is what norms are invoked to distinguish lives worthy of protection from those that are dispensable and already lost. We see this as “*a larger operation of biopower that unjustifiably distinguishes between grievable and un-grievable lives*” (Butler 2020c: loc. 710). In other words, grief and the possibility of grief (i.e., grievability) indicate that a loss was acknowledged and felt, that a life was valued as life. If life is considered grievable, all possible measures will be taken to preserve it and protect it against harm and destruction (Butler 2020c; Willig 2012).

METHODOLOGICAL CONSIDERATIONS

The process of distinguishing between grievable and un-grievable life in the pandemic has been realized greatly through the discursive distribution of vulnerability. In this article we examine how vulnerability was constructed in this case and how certain populations were rendered un-grievable within two discursive frames – science and security. To do so, we analyse the elite political discourse in the Czech Republic, Germany, Great Britain, and Slovakia over the first three months of the COVID-19 pandemic.

The analysis of frames provides us with a viable analytical framework to uncover the discursive distribution of vulnerability, precarity and (un)grievability. Discursive frames are structures and partial symbolic apparatuses that people use to make sense of themselves and what is happening around them (Nesbitt-Larking – Kinnvall 2012). They provide categories for thinking about certain issues, set the problems to be addressed and establish limits of discussion (Nesbitt-Larking – Kinnvall 2012). Moreover, frames refer “*to the packaging of a rhetorical message in a way that particular responses will be encouraged and others discouraged*” (Bartel 2010: 311). In the context of the pandemic, discursive frames determine the ‘representability’ of lives – the frames provide criteria upon which certain lives at a certain moment are considered valuable and worthy of protection while other lives (or even the same lives at a different point in time) are not fully recognized as lives and thus their loss would not be grieved (Butler 2016a; Kobová 2013). Through the identified frames we were able to trace the process of attributing vulnerability and depriving of grievability in the pandemic.

When selecting the countries, we aimed to cover countries from both the West and the East of Europe (in order to grasp the East/West dynamic) with differences in the spread and severity of the virus impact, as well as the governmental response to it. The Oxford COVID-19 Government Response Tracker provided a helpful comparison of European countries based on 17 indicators following containment and closure policies, as well as economic and health system policies (Hale et al. 2020). As we planned to analyse discourse, the language criterion was also important. Taking into consideration these three criteria (East/West; deaths/government response; our language capacities), we have decided to cover political discourses in the United Kingdom, Germany, the Czech Republic, and Slovakia. However, we did not aspire to conduct a comparative analysis of these countries; rather we approached them as four examples of one pandemic discourse.

The object of our analysis was the main communication channels of the governments in relation to the pandemic – namely the key governmental media briefings and podcasts during the selected period (CZ – 39 sources, DE – 43, SK – 59, UK – 82; 1 March – 31 May 2020). The state representatives and key public health actors used these channels to

communicate the key developments in their countries, as well as their policy measures. In this material we looked at how the virus was presented and how vulnerability was constructed – what populations were considered vulnerable and what criteria were used to construct vulnerability. Based on this initial step we were able to identify the two most common frames in the political discourses – the frame of science and the frame of security – as well as the populations or even institutions that were constructed as vulnerable.

In the second round of the analysis we examined how certain populations at higher risk of contracting the coronavirus or experiencing more serious consequences (of the virus or anti-pandemic measures) were rendered ungrievable within these two discursive frames. We cover the situations of elderly people, people with disabilities, Roma people, and workers in the meat industry. These populations were selected because they were all discussed (even though to different degrees) in the elite political discourse. In the analysed material, the situations of these populations provide the most complex example of the wider phenomena of discursive vulnerability and ungrievability in the pandemic. Finally, they also illustrate the different socio-economic relations within and among countries and their relation to the public health crisis.

NATURALIZATION OF DEATH WITHIN THE FRAME OF SCIENCE

The frame of science

The discursive frame of science was built through the experts present at media briefings who were quoted or referred to, as well as through the medical and technical language. COVID-19 was framed as a scientific problem calling for ‘scientific solutions’ (Moran – Green 2020). However, in this case science was implicitly understood in positivist terms and was characterized by determinism, system closure, empiricism, as well as a focus on measurements and modelling (Steinmetz 2005). Such a frame assumes that *“the ethical and moral issues faced by policymakers can be reduced to questions of ‘best evidence’, and that what is actually going on in the world can be equated with what the chosen metrics indicate is going on”* (Greenhalgh – Russell 2009: 307). Therefore, it hardly offers sufficient tools to include the understanding of power structures and social relations, including structural inequalities impacting the consequences of the pandemic, in political decisions.

The scientific frame was present in all four countries from the very beginning of the pandemic and was mostly tied to the field of medicine. The press conferences were often joined by medical experts or their expertise has been transmitted to the conferences via political representatives. In Slovakia, the new Prime Minister Igor Matovič not only invited the country’s chief hygienist Ján Mikas to be part of his conferences, but Mikas was often the first person to speak. The Chancellor of Germany Angela Merkel explained that *“anything I tell you about it comes from the constant consultations between the federal government and the experts from the Robert Koch Institute and other scientists and virologists”* (Bundesregierung 2020b). Legitimation of political decisions through science or just constantly referring to science has been a practice at the Czech and UK press conferences. As summarized by the Chancellor of the Exchequer Rishi Sunak (The UK Government 2020a): *“we have been guided by scientific advice and have been making the right decisions at the right time.”* The scientists advising on policies during the pandemic were mostly epidemiologists, virologists, and clinicians (for Slovakia see ÚVZ SR 2020) with IT specialists in Czechia (The Czech Government 2020a) and behavioural scientists and engineers in the UK (Carrell et al. 2020). In an exceptional approach, Germany enlisted humanities scholars, including philosophers, historians, theologians, and jurists, to advise the state on loosening the pandemic restrictions (Deutscher Ethikrat 2020).

Medical and biological distributive criteria of vulnerability

While in general the elite political discourse acknowledged that we are all vulnerable and everybody can be exposed to the virus, the scientific frame focused the discussion on biology and medicine as the key criteria of vulnerability. In all the analysed countries, the ‘vulnerable groups’ or ‘high risk groups’ were constructed pursuant to the World Health Organization’s guidelines, according to which the virus impacts “*people older than 60 years old or who have health conditions like lung or heart disease, diabetes or conditions that affect their immune system*” (WHO 2020a: para 1).

The categories of age and pre-existing medical conditions were pointed out when reporting new cases of the coronavirus, particularly deaths, and introducing policy measures. In the latter case, the political discourse stressed the need of protection and mostly produced the vulnerable, helpless, and supposedly docile bodies it aimed to protect (Butler 1993). In the first case – when informing about the coronavirus deaths – the categories of age and pre-existing medical conditions served mostly as a ‘reassurance’ that serious conditions do not concern the general population; these categories became a tool of othering (Abrams – Abbott 2020; Goggin – Ellis 2020). For instance, the Czech Minister of Health Adam Vojtěch (The Czech Government 2020b) claimed that “*this illness is not deadly [...]. If we talk about deaths, those are elderly people, people with polymorbidity, people suffering other illnesses, maybe oncological patients, but this illness really is not deadly for the majority of the population. [...] It is necessary to reassure citizens that there is no need to panic and fear this illness as a deadly illness.*”

Following the discourse of the WHO, the ‘vulnerable groups’ within the scientific frame have been predominantly defined in categories that are directly related to the physiological and biological characteristics of the body or symptoms expressed by or ‘on’ the body (in line with the use of the term clinical characteristics in medical research; see Wei-jie Guan et al. 2020). Such a construction does not allow for recognizing that the body is a social phenomenon and its persistence “*depends upon social conditions and institutions, which means that in order to ‘be,’ in the sense of ‘persist,’ it must rely on what is outside itself*” (Butler 2016a: loc. 883). The biological and medical construction of vulnerability thus contradicts Butler’s conceptualization of vulnerability as a feature of social relations and a condition of all beings (Butler 2020c: 46). Moreover, it renders invisible the social, economic, and political relations that contribute to the increased precarious conditions of certain populations and allow for understanding their lives as *un*-valuable and thus un-grievable, as we show below.

Conditions left behind the scientific frame

The biological category of age as a criterion of vulnerability during the pandemic has already been challenged. As Tremain (2020) and Hebblethwaite et al. (2020) argue, the higher vulnerability to the coronavirus of elderly people needs to be understood in the context of financial instability, ageism, unstable housing, social exclusion, and health inequalities that older people face. As Hebblethwaite et al. (2020: para 3) summarize following argumentation of Judith Butler: “*Older lives have been enabled and disabled by politically induced precarious conditions that disproportionately expose some populations to different degrees of moral injury and violence.*” The politically induced precarity contributes significantly to the disproportionate vulnerability of older people to the coronavirus; the pandemic just rendered the long-term precarity of older bodies visible. A particularly important example is provided by the situation of people living in care homes in the UK.

As a report of the *Office for National Statistics* (2020) shows, the number of deaths of UK care home residents significantly increased during the first months of the pandemic. In April 2020, this number was nearly three times higher than in April 2019. According to McGilton et al. (2020), among the factors that may have led to higher mortality rates

in care homes were insufficient staff, low wages, and poor working conditions. The fear of getting sick and losing their livelihood might have led some workers to avoid their care jobs, since care homes were among the last facilities to be provided with adequate protective equipment. The high prevalence of temporary employment that forces care workers to have multiple jobs also might have contributed to the spread of the virus from one facility to another (McGilton et al. 2020).

This state of the workforce in care homes reflects the global care crisis (Baines – Cunningham 2015; McGilton 2020), which has deepened since the 2007/2008 financial crisis and the implementation of austerity measures (Baines – Cunningham 2015). Besides other effects, the restriction of the public spending for care provision accompanied by poor pay and working conditions led to a recruitment and retention crisis in the paid-care sector in the UK (Pearson 2019). The available data show that the care and health facilities are largely understaffed. A 2017 survey among 30,000 nurses in various facilities (including care homes) in the UK revealed that there are prevalent shortfalls in planned staffing of registered nurses or health care support workers during their shifts and many of the nurses also reported that some necessary patient care was not done due to a lack of time (Senek et al. 2020).

To put it in Butler's terms, these social, economic, and political relations constitute precarity and make the lives of both the elderly people living in care homes and the people who take care of them more exposed to harm, injury, and even loss of life. In the official political pandemic discourse in the UK, however, these relations remained largely unrecognized. The global care crisis, which was brought to boil during the pandemic, was patched up by allowing nursery and midwifery students to join the 'frontline' and receive *"the salary and the pension that is appropriate to their level"* (Jenrick, quoted in The UK Government 2020b), i.e. a salary that belongs among the lowest in the country (Office for National Statistics 2019).

The scientific frame and its focus on pre-existing medical conditions was particularly harmful also for people with disabilities. Several authors (Abrams – Abbott 2020; Goggin – Ellis 2020; Ignani – Erickson 2020; Liddiard, 2020) have already noticed that the current pandemic discourse asserts the value of lives through their *"meeting the standards of compulsory able-bodiedness"* (Ignani – Erickson 2020: para. 3) and economic productivity (Abrams – Abbott 2020: para 18). One way of looking outside of the dominant frames is through the prism of disability studies claiming that the focus should shift from disabled bodies to the collective life and intersecting conditions that nurture life regardless of its ability. *"This means moving strictly from lacking bodies to highlighting a cruel division of labour, where the most socially vulnerable are the most likely to die of COVID-19"* (Abrams – Abbott 2020: para 14). In order to do so we look at the situation of people with disabilities and chronic illnesses in the Czech Republic and structural conditions for care work.

A small-scale but so far the only Czech study about the implications of the COVID-19 pandemic for people with disabilities and chronic illnesses, as well as for their carers (AIP 2020), found out that more than 80% of the participants experienced deteriorated access to basic care during the lockdown. Both informal home care and care provided by volunteers, neighbours, or acquaintances, as well as care provided by registered social and health care providers were limited in the pandemic, while the need for social care substantially increased. At the end of the lockdown, one third of the participants handled the situation with significant problems or did not handle the situation at all. At the same time, 37% of people with disabilities and their care providers stated either that they are unable to pay for their basic living needs or that they worry about it (AIP 2020).

The current deficits in the system of long-term health and social care in the Czech Republic stem from the process of deinstitutionalization and marketization the care system went through over the last 20 years (Kubalčíková – Havlíková 2016). Due to the

budget cuts after the 2007/2008 financial crisis the system of assessing disability changed, resulting in decreases in incomes as well as the scope of eligible recipients (Sokačová 2013). The cuts also contributed to a fall in the funding for social services helping caregivers and institutions in providing assistance to people in need. For some people dependent on long-term care, especially those living in small municipalities, it is impossible to find the necessary services (Koldinská – Štefko 2018). As claimed by Sokačová (2013), care work thus remained on the shoulders of families, primarily women, and is mostly unpaid.

However, within the scientific frame, the discussions about people with pre-existing medical conditions focused mostly on their bodily predispositions and medical consequences of the virus, while their everyday experiences related to the limited access to care were left unnoticed. Such an approach has also prevented making a connection between the lack of available care services, the poor working conditions, and insufficient institutional structures on the one hand, and the Czech care workers travelling across the closed borders during the pandemic to provide social and health care in Austria and Germany on the other (Vlasáková 2020; Zacharenko 2020).

Naturalization of death leads to ungrievability of lives

As the scientific frame helped strip bodies of their social, economic, and political relations, it left them described purely in biological and medical terms. Such a discursive setting enabled making the deaths of elderly people in care homes, as well as people with disabilities and chronic illnesses, seem natural and unavoidable in the pandemic. As illustrated by the UK's Chief Medical Adviser Chriss Witty (The UK Government 2020a): *“Some people will get it and will have no symptoms at all. [...] Of those who do have symptoms, the majority will have either a mild disease or a moderate disease [...]. But obviously, a small minority [...] will get significant disease requiring hospital care. A small proportion of those will go on to need intensive care. And sadly, some people will go on to die.”*

Particularly in the case of elderly people – as already stated by Tremain (2020) – the clinical criteria of vulnerability served as a legitimation of their death, which could be constructed as an understandable consequence of both their inherent bodily vulnerability and the inevitable circumstances of the pandemic. Following this logic of the scientific frame, the high death rates of the care home residents were excused by the clinical definition of vulnerability, which was originally meant to protect them. That this ‘protection’ was failing was evinced in the UK, where letters were sent to people with disabilities both announcing that they *“would not be abandoned”*, and reminding them they should not expect to be resuscitated in case of severe Covid-related illness (Abrams – Abbott 2020; BBC News 2020). In such a frame, the death of the vulnerable bodies does not matter, and their lives do not matter either; they become ungrievable.

In Butler's terms, we might think of a pandemic as *“dividing populations into those who are grievable and those who are not. An ungrievable life is one that cannot be mourned because it has never lived, that is, it has never counted as a life at all”* (Butler 2016a: loc. 949). The elite political discourse, presenting the pandemic via the frame of science, made the death of the elderly people and the people with disabilities and chronic illnesses expected, natural, and even unavoidable; it contributed to the production of lives with no value, non-lives, ungrievable lives. It thus further reinforced the structures of ageism and ableism it was embedded with.

PROTECTION OF THE MAJORITY, THE ECONOMY, AND THE STATE REPUTATION WITHIN THE SECURITY FRAME

The frame of security

The perspective we aim to describe has been addressed as a frame of war (Benziman 2020; Pfrimer – Barbosa 2020), martial rhetoric (Opillard et al. 2020), hero discourse

(Einboden 2020), military metaphors (Olimat 2020), militarized discourse (Acheson 2020; Laucht – Jackson 2020), and securitization of COVID-19 (Baysa-Barredo 2020; Gaudino 2020). Building on critical security studies and based on the analysed discourses, we consider the analytical concept of a security frame most appropriate as it can also include aspects of militarization⁴ and the rhetoric of war (Wenham 2019).

The security frame was built through the visibility and participation of actors and through the security and military jargon. Benziman (2020: 254) summarized that within the frame of security the pandemic is described as a war, enemy or threat; political elites are able to present themselves as those having a plan to ‘defeat’ the virus and ‘defend’ citizens; medical personnel are called heroes; isolation and lockdown can be presented as patriotism; and governments can communicate their activities as “*joining a global effort to overcome it while creating a distinction between ‘our’ unique (and better) treatment of it [and other treatments of it]*”. The time aspect also proved important. When COVID-19 started to spread in the analysed countries, the frame of security allowed them to present the pandemic as a war that has an end-point and assert that all the costs are bearable if the fight against the pandemic ends successfully (Benziman 2017, 2020).

The framing of COVID-19 as a security threat has been supported by the presence and activities of the military in all four of the analysed countries. Already in March, the UK, Germany, Czechia and Slovakia announced that their militaries were ready to support the respective governments in response to the pandemic crisis. The militaries provided equipment, were active at the borders, and in setting up local healthcare facilities, and provided testing, but also assisted in securing quarantines in marginalized Roma settlements in Slovakia (Folentová – Osvaldová 2020; Ministerstvo obrany ČR 2020; Ministry of Defence UK 2020; Schulz 2020). At the same time, security and military officers took part in advisory and decision-making bodies during the pandemic. While the security personnel made just a few appearances at the media briefings, the elite political discourse was highly securitized itself. For instance, the Slovak Minister of Finance Eduard Heger (TA3 2020c) claimed that “*we are fighting against an enemy who is a killer*” and the Czech Prime Minister Andrej Babiš (The Czech Government 2020d) threatened the citizens by saying that if they do not obey the government’s rules, “*we will have to use law enforcement*”.

From vulnerability to a threat

Through the security frame the coronavirus has been constructed as a threat to all. Vulnerability seemed to concern everyone. Political leaders deployed the frame of security to mobilize people to behave in the desired way, as Angela Merkel’s speech (Bundesregierung 2020b) illustrates: “*This is what the epidemic shows us: how vulnerable we all are, how dependent on thoughtful behaviour of others but thereby also: how we can protect ourselves and strengthen each other through acting together.*” The ‘responsible behaviour’, i.e., behaviour following the government guidelines, was constructed as necessary to cope with the pandemic (Benziman 2020). The virus as an enemy was used to discipline people – as “*everybody who follows the rules can be a life rescuer*” (Merkel, quoted in Bundesregierung 2020c) – and unite them under the principle of interdependency and patriotism. As Boris Johnson pronounced, “*this enemy can be deadly, but it is also beatable – and we know how to beat it and we know that if as a country we follow the scientific advice [...] we will beat it*” (The UK Government 2020a).

At the same time, it was obvious that some populations were more likely to contract the virus than others. The political representatives repeatedly talked about the elderly or people coming home from abroad; however, within the frame of security, the populations at risk or the already sick were viewed mostly as a threat – to other people, the healthcare system, the labour market or the economy in general. Therefore, the politicians asked people “*not to endanger their doctors*” by visiting them, (Pellegrini, quoted in TA3

2020a) or not to endanger stores by stockpiling (Babiš, quoted in The Czech Government 2020c). As summarized by Merkel, *“we want to preserve the structure of our economy. Of course, we also must preserve the structures of the state to make our country go on. These are the priorities – and, of course, also the medical care”* (Bundesregierung 2020a).

Therefore, we argue that in relation to vulnerability, the security frame facilitates two discursive shifts – vulnerability to the virus has become a threat, and vulnerability has passed from people to society and institutions. We illustrate these processes with two cases: the situation of the marginalized Roma settlements in Slovakia and that of the migrant workers in the meat industry in Germany.

Conditions left beyond the security frame

Precarity, understood as a politically induced condition of being more at risk of loss (Butler 2016a, 2020c) that was experienced by certain populations before the pandemic, made these populations even more vulnerable to the virus and its consequences. This is also the case of the Roma people living in segregated communities in Slovakia (Rorke – Lee 2020). Overcrowded housing and lack of infrastructure, including lack of running water, represented substantial barriers to upholding the hygienic measures of frequent hand-washing and self-isolation. Inadequate access to health care services (FRA 2020; Hellebrandt et al. 2020) put these people’s health and lives in an even greater jeopardy.

Moreover, the public institutions enforced measures that were strongly criticized as racist and may have endangered the lives of Roma people in segregated communities even further. Several Roma settlements were locked down in the first weeks of the COVID-19 pandemic in Slovakia. At the end of March, the local government of Gelnica decided to lock down a settlement because one of its inhabitants did not comply with the self-isolation orders after returning from Great Britain. The lockdown was organized even though the man did not display symptoms of COVID-19, nor was he tested positive for the virus (Rorke – Lee 2020).

A week later, the government started extensive testing in the marginalized Roma settlements with the help of the army. The presence of the army evoked fear among many members of the Roma communities due to their common experiences of racism and violence from the ‘uniforms’ and also due to a lack of information (CKO 2020). Within the first days, the testing revealed 31 cases in a total of 5 settlements of around 6,000 inhabitants. The settlements were subsequently locked down overnight. The quarantine was announced late in the evening, and the next morning the police and the army already secured the areas (German Sirotnikova 2020: para 5; Holt 2020).

Serious doubts about the legitimacy of these government decisions have been raised by both human-rights non-governmental organizations and initiatives, and the office of the public defender of rights. The government broke its own procedures according to which a whole area or facility may be locked down only after at least 10% of its inhabitants are tested positive. Concerns also arose about how the health and well-being of those who are locked down will be protected (Rorke – Lee 2020; VOP 2020). Even though basic supplies have been provided to people under quarantine, there were also doubts about the appropriateness and affordability of the deliveries (German Sirotnikova 2020: para 34). Moreover, several cases of police violence against Roma people (including children) for breaking the quarantine have been reported (Rorke – Lee 2020).

The condition of precarity – a consequence of racism, deteriorating living conditions, and the economic situation intensified by neoliberal changes to the economy (Emigh – Fodor – Szelényi 2001; Klimovský et al. 2016; Ringold 2000) – put Roma people at greater risk of both infection and violation of their human rights.

The situation of migrant workers (mainly from the Eastern and Central European countries) in the German meat industry offers another example of depriving of grievability within the frame of security. After the borders were closed, these workers were forced to

return to their home countries. As they often came from the poorest regions, these regions, e.g. Romania, consequently recorded the biggest concentrations of COVID-19 cases (Crețan – Light 2020). However, the workers' return home caused a serious lack of workforce in Germany. The German government thus agreed on travel exceptions with the sending countries. Thousands of workers travelled back to Germany across the closed borders to work in fields and factories with insufficient or lacking precautionary measures (Crețan – Light 2020; Rasnača 2020; Schneider – Götte 2020).

Following the workers' return, several COVID-19 outbreaks occurred in the agriculture and food industry, with slaughterhouses and meat-packing plants being hit the hardest. More than two thousand workers were infected by the end of June 2020, most of them coming from Central and Eastern Europe (Schneider – Götte 2020). The reason why meat workers are particularly vulnerable to the virus can be found in the poor working conditions, the weak social and health protection, the low wages and the subsequent poor and overcrowded housing in this industry (EFFAT 2020; Schneider – Götte 2020). *“One of the main reasons why working conditions are so poor is the subcontracting system that for almost twenty years has been a major cause of social dumping within the sector in Germany but also across Europe,”* stated the European Federation of Food Agriculture and Tourism Trade Unions (2020).

Approximately a quarter of the workers in the meat sector are employed through subcontracting companies and these workers mostly come from Central and Eastern Europe (Birke – Bluhm 2020; EFFAT 2020). Several intersecting practices contribute to their condition of precarity: they often pay recruitment fees and travel costs to reach the destination country; temporary contracts and abusive practices allow employers to escape liability – as became obvious in the pandemic; and low wages and linkages between accommodations and work contracts force workers stay in overcrowded places where it is practically impossible for them to keep a physical distance from each other (Birke – Bluhm 2020; EFFAT 2020; Schneider – Götte 2020; Wagner – Hassel 2016).

Besides the poor working conditions in the meat sector, the COVID-19 pandemic also threw into sharper focus the reliance of Western European countries on Eastern European workers doing low-paid jobs (Crețan – Light 2020). However, the security frame and its focus on institutions and practices diverted the attention from the lives of migrant workers and their embeddedness in unequal social, economic, and political relations between the East and the West of the EU (for a reflection of care chains see Kováts 2020; Zacharenko 2020; Zacharenko – Kováts 2020).

A threat to society will not be grieved

After briefly presenting the condition of precarity of the Roma people in Slovakia and migrant workers in Germany, in this last part we examine how their precarity and consequent increased vulnerability to the coronavirus were constructed as a threat to society and institutions.

During one of his press conferences, the Slovak Prime Minister Igor Matovič (TA3 2020b) reflected that due to their material deprivation Roma people face additional challenges in dealing with the pandemic (in comparison with the majority): *“Really, when we make a campaign among ourselves to wear masks, to be responsible, to wash our hands, there will hardly be a fertile ground for this in the settlements where we have failed as a state when we were not even able to arrange running water there within 30 years after the Revolution.”*

The long-term material deprivation was described as a reason why the Roma people were more vulnerable to the virus and consequently also a reason why the state needed to protect them. However, the state of precarity of the Roma's lives was simultaneously presented as a threat to the majority population. As Matovič explained (TA3 2020b), *“thus, we have to deploy really special procedures there to ensure hygiene and to minimize the*

probability of spreading the infection because when those people then spread around – infected – then we all will pay for it.” The risk of a fast spreading of the virus due to the poor living conditions became a discursive tool of othering. Distinguishing ‘these people’ (poor, dirty, wild, uncontrollable) and ‘the rest of us’ (nothing like them) – as the Prime Minister put it (TA3 2020c) – legitimized the special way of ‘protection’ in the form of the immediate lockdown of the Roma settlements secured by the police and the army. Despite frequently repeating that the lockdown of the Roma settlements and the presence of the military there are not hostile acts, or that the Roma people are not responsible for their illness, within the security frame, the elite political discourse constantly portrayed the Roma people as a threat and the majority as those who should be protected. The argument that the quarantines should also protect the Roma people was overshadowed by the much more frequent reminders that the Roma people could become the ‘centre of infection’.

While the lives of Roma people were constructed as a potential threat to public health, the situation of the migrant workers in Germany was presented mostly as a threat to the meat industry and the country's reputation. *“They [the workers] have the right to health and social protection. Therefore, I assume, together we must find a solution. I want to add that it also has an economic meaning. In Coesfeld, many people were looking forward to relieving the measures,”* explained the Minister of Labour and Social Affairs Hubertus Heil (Bundesministerium für Arbeit und Soziales 2020a). Similarly to the securitized discourse in Slovakia, the need for policy measures aimed at redressing the situation of a more vulnerable group was legitimized by a greater good, as if the lives of migrant workers did not suffice.

The objects of governance, however, were not the (potentially infected) bodies of workers but rather the practices that may have disrupted the principles of the German labour system. The measures announced to resolve the situation focused mainly on strengthening the control. According to Heil (Bundesministerium für Arbeit und Soziales 2020a), it was necessary *“to perform effective control”* and, *“as a federation, to take responsibility for ensuring the legal framework in the meat industry”*. In such a way, the German political, social, and legal system has also been constructed as the object of protection; instead of focusing on the preservation of the lives of the migrant workers which were actually at risk, the main political discourse attempted to safeguard its political principles. *“What is more important is that in this country, the dignity and health of employees count, no matter where they come from,”* added Heil (Bundesministerium für Arbeit und Soziales 2020b).

The focus on fixing and safeguarding the principles of the German labour system shifted the attention from the lives and bodies of the migrant workers and even enabled diminishing the level of exploitation of (not only) the migrant workforce. The violation of social and working rights – and also often of human dignity – was described as the individualized behaviour of a few, just an error in the otherwise functional system: *“We experience that the situation in our country, for example the strong welfare state, is good also in the international comparison of various countries. However, we also experience behaviours that were not all right even before Corona and that became an extraordinary problem during this time of crisis”* (Bundesministerium für Arbeit und Soziales 2020b). The lasting inequalities of the European labour market system – embodied in hundreds of infected migrant workers during the COVID-19 pandemic – became an exception rather than an integral part of the unequal relationships between Western and Eastern European countries.

Within the security frame, the main force that rendered people ungrievable was constructing their vulnerability as a threat. The Roma people living in marginalized settlements were more vulnerable to the virus; however, through implicitly describing them as the dirty, uncontrollable and wild ‘other’ in need of (military) control, as well as through the

reminders that it is necessary to protect the Roma people in order to protect the majority, they became a threat to the general population. If a threat is lost, there is no need to grieve.

A similar process occurred in the case of the migrant workers in the meat industry in Germany. They were more vulnerable to the virus due to their poor working and living conditions. However, in the elite political discourse the focus was placed on the economic, social, and political system, constructed as endangered by the situation of the workers. Thus, the people themselves and the precarity in which they live became a threat to the political principles, the economy, and even the reputation of Germany. Within the securitized discursive frame, vulnerability travelled from the at-risk groups living in precarity to the privileged majority, or to the institutions and social, economic, and political systems. The lives of certain populations thus did not have value in themselves; they were rendered ungrievable. They deserved protection mostly because by securing them, others were protected.

CONCLUDING REMARKS

This article looked at the COVID-19 pandemic through the lens of Judith Butler's concepts of vulnerability, precariousness, and precarity. The virus unveiled the shared interdependency of all living beings. But it also exposed the way the social, political, and economic structures shape how vulnerable to the virus people become and how the anti-pandemic measures will affect them. As summarized by Butler (2020b), the virus is unthinkable outside the framework of social and economic inequalities.

We explored how vulnerability and ungrievability have been constructed in the political discourse of the Czech Republic, Germany, Great Britain, and Slovakia over the first three months of the COVID-19 pandemic. Based on the analysis of the main government press conferences and podcasts, we identified two dominant discursive frames: science and security.

Within the frame of science, vulnerability was mostly constructed in terms of biological and medical characteristics. Vulnerability was treated as an inherent feature of certain bodies, mostly elderly people and people with disabilities and chronic illnesses. The frame of science has also contributed to stripping people of the social and relational features of their lives. Such a construction put those identified as 'the vulnerable' at further risk of being abandoned in the healthcare system and being seen by others as almost dead. As their lives were understood as already lost, in Butler's terminology they would be understood as ungrievable.

The security frame facilitated two discursive shifts – specific populations' vulnerability to the virus has become a threat, while also transferring vulnerability from people to society and institutions. As illustrated by the situation of the Roma people in Slovakia and the migrant workers in Germany, the main force rendering people ungrievable was constructing them and their vulnerability as a threat. The Roma people living in marginalized settlements in Slovakia were considered a threat to the white population living in their neighbourhood, as well as a threat to the majority in general. In the case of the coronavirus outbreaks among the migrant workers in the meat industry in Germany, the abusive practices against workers were understood primarily as a threat to the labour and social system of Germany, as well as to the country's reputation. Within the security frame, the politically imposed precarity of certain populations was used to construe these populations as a threat; therefore, there was no reason to grieve for them if they were lost.

While focusing on the discursive frames of science and security in the four countries, we did not aim for a comparative country analysis. We focused, however, on the similarities between discourses embedded within national contexts. Based on the analysed material we can very generally maintain that the UK discourse was mostly aimed at reassuring the general population and framed in terms of science, despite being rather contradictory and

unclear. Germany preferred calls for unity in the EU and, mostly within the frame of security, focused on principles, systems, and rules. The Czech discourse has been marked by the technocratic and managerial approach, and, similarly to the Slovak discourse, was also patronizing towards both the general population and the ‘at risk’ groups. The discourse in Slovakia was characterized by the change of government and lack of clarity, and, through the new Prime Minister, was also charged with emotions. However, more in-depth analysis is needed to examine the details of the country discourses.

In terms of similarities, all the analysed countries tend to either downplay the role of prevailing social and economic inequalities in vulnerability to the pandemic, or even use them against the disadvantaged populations. This applied to all the countries regardless of their situatedness in the East or the West, the severity of the first wave of the COVID-19 pandemic or the level of populism in their discourses. Yet the pandemic illuminated the need to redress the inequalities between the East and West in the EU and raised the question of how the dependency of Western social and economic systems on the exploitative work of Eastern European workers challenges the narrative about the one-way support flowing from the West to the East (Zacharenko – Kováts, 2020).

The pandemic also illuminated the need to move beyond ad hoc solutions, including those regarding public health. Our analysis supports the scholarship critical towards treating diseases as a personal issue, as in such treatments bioethical considerations are directed at individual autonomy and obedience to the state, not at acting in solidarity with others (Gardiner – Fulfer 2020). Our analysis is more in line with public health ethicists (Baylis et al. 2008; Kenny et al. 2010) – among others – who have stressed that a more relational view should be adopted. Such a perspective would treat persons and populations as socially situated beings with different features, opportunities, and burdens shaping their life outcomes. It would view vulnerability, pace Butler, as a feature of social relations and a condition of all beings. It would recognize not only people’s interdependence and vulnerability but also the structural inequalities and how diseases might impact them differently.

¹ Butler’s grounding of ethics on the category of vulnerability has also come under feminist criticism. The notion of vulnerability can be said to contain an unproductive ambiguity, since using it as a starting point cannot guarantee what response might follow. Connected with this is the worry that emphasizing vulnerability as a category invites heightened forms of governmentality and paternalism (see Petherbridge 2016 for an overview of these critiques). Butler reflects on this criticism and especially in her latest book *The Force of Nonviolence* (2020c) she elaborates a critical perspective on the process of construction of ‘the vulnerable’.

² Butler’s use of precariousness as a generalized ontological experience of every human life is thus ‘fundamentally distinct’ from the understanding employed by the sociologist Pierre Bourdieu and the economist Guy Standing, who use the term to denote a labour condition and a class category, respectively (Millar 2017).

³ While *Precarious Life* focuses on bodily vulnerability, in *Frames of War* Butler carefully distinguishes between precariousness and precarity, and precariousness becomes the central concept of a number of her writings (Gilson 2014). In her latest work, such as *Vulnerability in Resistance* and *The Force of Nonviolence*, Butler mostly focuses on different aspects of vulnerability.

⁴ Wenhams (2019: 1102) argues that the securitization of global health has moved beyond the rhetorical to the direct involvement of the military in health management: partly as self-fulfilment of the securitization discourse, and partly as a potential ‘mission creep’ of the military in times of relative peace.

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